



LOUDOUN COUNTY FIRE & RESCUE VOLUNTEERS
COMPANY NAME _____ STATION# _____

_____/ (employee name) IS BEING SENT TO YOUR
FACILITY FOR THE FOLLOWING AUTHORIZED SERVICES: (check appropriate boxes)

- ☐ Pre-Placement Physical Examination
- ☐ Hepatitis B Vaccine # _____
- ☐ Treatment of Work Related Injury
- ☐ Return to Work / Fitness for Duty
- ☐ Hazmat Baseline
- ☐ PPD

President Signature: _____

Date: _____ Phone: _____

All results will be sent to Vol. Prg Mgr. Karen McQuaid to forward to each station.

Facility to be utilized for physical exams:

- ☐ Inova Emergency Care Center of Reston – Occupational Health
11901 Baron Cameron Avenue
Reston, VA 20190
703-668-8323 fax 703-668-8325

Facilities to be utilized for injury treatment and after hour care:

- ☐ Inova Loudoun Hospital Cornwall Campus-
Emergency Department
224 Cornwall Street
Leesburg, Virginia 20176
703-737-7520
- ☐ Inova Emergency Care Center of Reston
11901 Baron Cameron Avenue
Reston, VA 20190
703-668-8333